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OMB control number. Substitute for form 1449/PTO Complete if Known Application Number 10/709,820 INFORMATION DISCLOSURE Filing Date May 31, 2004 STATEMENT BY APPLICANT First Named Inventor ARRISON, Norman (use as many sheets as necessary) Art Unit Not known **Examiner Name** Not known Sheet of Attorney Docket Number 1 46096-15

U.S. PATENT DOCUMENTS								
Examiner Initials*	Cite No.¹	Document Number Number-Kind Code ^{2 (1 local)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			
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Examiner Initials*	Cite No.'	Foreign Patent Document Country Code ⁵ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T			
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